

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045729

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12149

FILED DEC 12 1963

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. LouisLength of stay in 1b
1 week

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE Missouri COUNTY St. Louis admission)

c. CITY
OR
TOWN OverlandInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Missouri Baptist HosptInside Limits
Yes ☒ No ☐d. STREET
ADDRESS 8837 BurtonReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
JOHANNA

Middle

Last
LISCHER4. DATE
OF
DEATHMonth
DecemberDay
7Year
19635. SEX
Female6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
12-23-18779. AGE (last birthday)
85IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Housekeeper10b. KIND OF BUSINESS OR INDUSTRY
own11. BIRTHPLACE (City and state or country)
Illinois12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Johans Harms

13b. MOTHER'S MAIDEN NAME

unknown

14. NAME OF HUSBAND

Fred Lischer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Jay Payton

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Myocardial Infarction

INTERVAL BETWEEN
ONSET AND DEATH

7 hrs.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Coronary Arteriosclerotic Heart Disease

DUE TO (c)

4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
Death occurred atDec 7 '63
1155 PM

Dec 7 '63

and last saw her
alive on

Dec 7 '63

22a. SIGNATURE

(Degree or title)

Donald E. Kuehn M.D.

22b. ADDRESS

3121 N. Grand St. Louis 7, mo.

22c. DATE SIGNED

12/9/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

12-12-1963

23c. NAME OF CEMETERY OR CREMATORY

Westenkuehler Cemetery

23d. LOCATION (City, town, or county)

St. Charles, Missouri

24. FUNERAL DIRECTOR

620 Jefferson St.
St. Charles, Mo.

25. DATE RECD. BY LOCAL REG.

DEC 9 1963

26. REGISTRAR'S SIGNATURE

Karl Smith M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

1

2400K

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68

Archie M. Pickering
Archie M. Pickering
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Archie M. Pickering

Licensed Embalmer No. *5189*

P. O. Address *St. Charles, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.